

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
691646039

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	2		2			
4	8		1			
5	8		1			
6	1		1			
7	1		1			
8	1		1			
9	1		1			
10	1		1			
11	1		1			
12	1		1			
13	1		1			
14	1		1			
15	1		1			
16	1		1			
17	1		4			
18	1		1			
19	1		1			
20	1		1			
21	2		2			
22	1		1			
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TOTAL IND.			2			
TOTAL DEP.		25				
TOTAL CLAIMS		27				

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	IND.	DEP.	IND.	DEP.
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TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				